



Lincoln-Lancaster County Health Department
Environmental Public Health Division
Air Quality Program
3140 N Street
Lincoln, NE 68510

ASBESTOS DISPOSAL PROCEDURES

NOTE: *If the asbestos containing material has not been removed, please contact the Lincoln-Lancaster County Health Department at (402) 441-8034 for proper asbestos removal procedures, or visit our website (below), and look for 'Asbestos Regulations':*
<http://www.lincoln.ne.gov/city/health/envIRON/pollu/airforms.htm>

For more information and publications regarding asbestos in the home, visit the following website:

www.epa.gov/opptintr/asbestos

When disposing of asbestos containing material, follow the following steps:

1. Wrap the asbestos containing material in 6-mil thick clear plastic bags or sheeting. If there is a possibility of the material cutting through the plastic, support the plastic bags or sheeting with a cardboard box, canister, barrel, or other suitable packaging.
2. Seal the plastic bags or sheeting with duct tape or similar material.
3. Label the bags or sheeting with the word "Asbestos". A permanent marker works best for this step.
4. Continue to the following page and fill out the "Asbestos Waste Shipment Record" form. The "Asbestos Waste Shipment Record" allows for asbestos containing material to be taken to the City of Lincoln's 'Bluff Road Landfill'. There is no fee associated with the waste shipment record, but you will still be subject to landfill gate fees. In most cases, you will be responsible for transporting the asbestos containing material to the landfill.

The City of Lincoln's Bluff Road Landfill only accepts asbestos containing material from 8:00 a.m. to 2:00 p.m. on Wednesdays. Please call the Bluff Road Landfill at (402) 441-8102 twenty-four (24) hours prior to delivering the asbestos containing waste to inquire regarding current landfill gate fees. At this time, there are no additional fees assessed for residential asbestos containing waste.

If you have any other questions, please contact the Lincoln-Lancaster County Health Department's Asbestos Control Program at (402) 441-8040.

Continue to the following pages. Page 2 will contain a blank "Asbestos Waste Shipment Record" form. Page 3 will contain a completed example form to assist in the completion of your waste shipment record.

Produced by: Lincoln-Lancaster County Health Department, Air Quality Program, 3140 N Street, Lincoln, NE 68510; phone (402) 441-8040. To view this, and other information related to our agency, visit our web site at:

<http://www.lincoln.ne.gov/city/health/envIRON/pollu/air.htm>

ASBESTOS WASTE SHIPMENT RECORD

GENERATOR	1. Work Site name and mailing address Street: _____ City: _____ State: _____ ZIP: _____		Owner's Name _____		Owners Tel. # () - _____																		
	2. Operator's Name _____		Operator's Mailing Address Street: _____ City: _____ State: _____ ZIP: _____			Operator's Tel. # () - _____																	
	3. Waste Disposal Site name, mailing address, & location City of Lincoln Bluff Road Landfill 6001 Bluff Road Lincoln, NE 68528					Waste Disposal Site Tel. # (402) 441-8102																	
	4. Name and Address of Responsible Agency Lincoln-Lancaster County Health Department Environmental Public Health Division 3140 N Street Lincoln, NE 68510						Contact: Harry LeDuc, REHS Environmental Engineer ph: (402) 441-8034 fax: (402) 441-3890																
	5. Description of Materials _____ _____ _____			6. Containers <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Number</th> <th style="width: 30%;">Type</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Number	Type							7. Total Quantity <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">m³ or</th> <th style="width: 30%;">yd³</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		m ³ or	yd ³						
	Number	Type																					
m ³ or	yd ³																						
8. Special handling instructions and additional information _____ _____																							
9. OPERATOR'S CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.																							
<table style="width: 100%;"> <tr> <td style="width: 50%;">_____</td> <td style="width: 30%;">_____</td> <td style="width: 20%;">_____</td> </tr> <tr> <td>Printed/Typed Name and Title</td> <td>Signature</td> <td>Date</td> </tr> </table>								_____	_____	_____	Printed/Typed Name and Title	Signature	Date										
_____	_____	_____																					
Printed/Typed Name and Title	Signature	Date																					
TRANSPORTER	10. Transporter 1 (Acknowledgment of receipt of materials) <table style="width: 100%;"> <tr> <td style="width: 50%;">_____</td> <td style="width: 30%;">_____</td> <td style="width: 20%;">_____</td> </tr> <tr> <td>Printed/Typed Name and Title</td> <td>Signature</td> <td>Date</td> </tr> </table>							_____	_____	_____	Printed/Typed Name and Title	Signature	Date										
	_____	_____	_____																				
	Printed/Typed Name and Title	Signature	Date																				
	Transporter 1 Mailing Address Street: _____ City: _____ State: _____ ZIP: _____					Transporter 1 Tel. # () - _____																	
	11. Transporter 2 (Acknowledgment of receipt of materials) <table style="width: 100%;"> <tr> <td style="width: 50%;">_____</td> <td style="width: 30%;">_____</td> <td style="width: 20%;">_____</td> </tr> <tr> <td>Printed/Typed Name and Title</td> <td>Signature</td> <td>Date</td> </tr> </table>							_____	_____	_____	Printed/Typed Name and Title	Signature	Date										
	_____	_____	_____																				
Printed/Typed Name and Title	Signature	Date																					
Transporter 2 Mailing Address Street: _____ City: _____ State: _____ ZIP: _____					Transporter 2 Tel. # () - _____																		
12. Discrepancy Indication Space _____ _____																							
DISPOSAL SITE	13. Waste Disposal Site Owner or Operator Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.																						
	<table style="width: 100%;"> <tr> <td style="width: 50%;">_____</td> <td style="width: 30%;">_____</td> <td style="width: 20%;">_____</td> </tr> <tr> <td>Printed/Typed Name and Title</td> <td>Signature</td> <td>Date</td> </tr> </table>							_____	_____	_____	Printed/Typed Name and Title	Signature	Date										
_____	_____	_____																					
Printed/Typed Name and Title	Signature	Date																					

*****EXAMPLE*** Asbestos Waste Shipment Record ***EXAMPLE*****

GENERATOR	1. Work Site name and mailing address Street: 6000 N. 48 th Street City: Lincoln State: NE ZIP: 68521		Owner's Name John Doe	Owners Tel. # (402) 555-1234
	2. Operator's Name Hired Contractor	Operator's Mailing Address Street: 2000 A Street City: Lincoln State: NE ZIP: 68528		Operator's Tel. # (402) 555-4321
	3. Waste Disposal Site name, mailing address, & location City of Lincoln Bluff Road Landfill 6001 Bluff Road Lincoln, NE 68528			Waste Disposal Site Tel. # (402) 441-8102
	4. Name and Address of Responsible Agency Lincoln-Lancaster County Health Department Environmental Public Health Division 3140 N Street Lincoln, NE 68510 <div style="float: right;"> Contact: Harry LeDuc, REHS Environmental Engineer ph: (402) 441-8034 fax: (402) 441-3890 </div>			
	5. Description of Materials		6. Containers	7. Total Quantity m ³ or yd ³
			Number	Type
	Friable asbestos material		5	Drums
	Non-friable asbestos material		5	Bags
				m ³ or yd ³
8. Special handling instructions and additional information Handle bags with care				
9. OPERATOR'S CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. <div style="display: flex; justify-content: space-between;"> <div>John Doe Printed/Typed Name and Title</div> <div><i>John Doe</i> Signature</div> <div>7-1-2009 Date</div> </div>				
TRANSPORTER	10. Transporter 1 (Acknowledgment of receipt of materials)			
	John Doe Printed/Typed Name and Title		<i>John Doe</i> Signature	7-1-2009 Date
	Transporter 1 Mailing Address Street: 6000 N. 48 th Street City: Lincoln State: NE ZIP: 68521			Transporter 1 Tel. # (402) 555 -1234
	11. Transporter 2 (Acknowledgment of receipt of materials)			
	Printed/Typed Name and Title		Signature	Date
Transporter 2 Mailing Address Street: City: State: ZIP:			Transporter 2 Tel. # () -	
DISPOSAL SITE	12. Discrepancy Indication Space			
	13. Waste Disposal Site Owner or Operator Certification of receipt of asbestos materials covered by this manifest except as noted in item 12. <div style="display: flex; justify-content: space-between;"> <div>Printed/Typed Name and Title</div> <div>Signature</div> <div>Date</div> </div>			